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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))

<b>Attorney Docket Number</b>		14690.011USA
<b>First Named Inventor</b>		GROSS
<b>COMPLETE IF KNOWN</b>		
Application Number		
Filing Date		
Art Unit		
Examiner Name		

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SPERMICIDAL AND VIRUCIDAL PROPERTIES OF VARIOUS FORMS OF SOPHOROLIPIDS**

the specification of which

(Title of the Invention)

is attached hereto  
OR  
 was filed on

19 March 2004

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign		Foreign Filing Date	Priority	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number 022870 OR  Correspondence address below

**Name** TECHNOPROP COLTON LLC

**Address** PO Box 567685

City Atlanta	State GA	ZIP 31156-7685
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Country US	Telephone 770.522.9762	Fax 770.522.9763
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FIRST INVENTOR :</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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<b>Given Name</b> (first and middle [if any]) Richard A..	<b>Family Name</b> or Surname GROSS
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Inventor's Signature	Date
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Residence: City Plainview	State NY	Country NY	Citizenship US
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**Mailing Address**

City	State	ZIP	Country
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<b>NAME OF SECOND INVENTOR:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

<b>Given Name</b> (first and middle [if any]) Vishal	<b>Family Name</b> or Surname SHAH
---	---------------------------------------

Inventor's Signature	Date
----------------------	------

Residence: City Queens	State NY	Country US	Citizenship IN
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**Mailing Address**

City	State	ZIP	Country
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Additional inventors or a legal Representative are being named on 1 supplemental sheet(s) PTO/SB/02A or 02LR are attached

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Gustavo F.		DONCEL		
Inventor's Signature				Date
Residence: City	Norfolk	State VA	Country US	Citizenship US
Mailing Address				
Mailing Address				
City		State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	ZIP	Country

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